

**STATE OF IDAHO  
DIVISION OF BUILDING SAFETY  
HVAC BUREAU  
(208) 334-6180**

**APPLICATION FOR EXAMINATION AS AN HVAC CONTRACTOR OR  
HVAC SPECIALTY CONTRACTOR**

- The examination for an HVAC contractor or specialty contractor certification must be taken by the individual who is making application.
- Applicants shall provide proof, satisfactory to the Board, of having legally acted as an HVAC journeyman for a period of not less than twenty-four (24) months.
- Applicants who pass the exam will be notified in writing by the HVAC Bureau of the certification fees and bond requirements.
- A copy of your current pictured identification must accompany this application.
- Please mail your application and \$35.00 non-refundable application fee to: **Division of Building Safety, HVAC Bureau, 1090 East Watertower Street, Meridian, ID 83642.**

**ALL DISHONORED CHECKS WILL BE REQUIRED TO PAY A COLLECTION FEE NOT TO EXCEED \$20.00, AS  
PER IDAHO CODE 28-22-105.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Intended Name of HVAC Business: \_\_\_\_\_

Complete Business Address: \_\_\_\_\_

**LIST YOUR MECHANICAL EXPERIENCE STARTING WITH YOUR MOST RECENT EMPLOYER:**

1. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Employer Mo/Day/Year Mo/Day/Year

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Type of Work Done: \_\_\_\_\_

2. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Employer Mo/Day/Year Mo/Day/Year

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Type of Work Done: \_\_\_\_\_

3. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Employer Mo/Day/Year Mo/Day/Year  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Type of Work Done: \_\_\_\_\_

**SELF-EMPLOYED:**

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Business Mo/Day/Year Mo/Day/Year  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Type of Work Done: \_\_\_\_\_

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**TO BE SIGNED BY THE APPLICANT IN THE PRESENCE OF A NOTARY PUBLIC**

I understand that if I work with the tools, I must also be licensed as a journeyman in the state of Idaho.

I, \_\_\_\_\_, being first duly sworn, do hereby certify that the statements on this application are true and correct.

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public for: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

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**EMPLOYER'S VERIFICATION FORM**

***THIS PAGE MAY BE COPIED AS NECESSARY FOR MORE THAN ONE EMPLOYER.***

Applicant Name \_\_\_\_\_

Dates of Verification: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

**THIS VERIFICATION MUST BE SIGNED AND NOTARIZED**

**The Applicant named above was employed by our company performing HVAC Installations.**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Contractor License Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employer

**THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC**

Subscribed And Sworn To Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_

NOTARY PUBLIC FOR: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_